

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/894,640	
	Filing Date	November 28, 2001	
	First Named Inventor	A. Kuriakose	
	Art Unit	3855	
	Examiner Name	Max Noori	
Total Number of Pages in This Submission	6	Attorney Docket Number	1004-75

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Declarations as requested	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Robert G. Hendry
Signature	<i>Robert G. Hendry</i>
Date	May 28, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 703 746 4411	
Typed or printed	Ann Tanguay
Signature	<i>Ann Tanguay</i>
Date	May 28, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Our File No. : 1004-75
Applicant : Areekattuthazhayil K. Kujriakose et al
Serial No. : 09/994,640
Title : HYDROGEN SENSOR USING A SOLID HYDROGEN
ION CONDUCTING ELECTROLYTE
Art Unit : 3855
Examiner : Max Noori

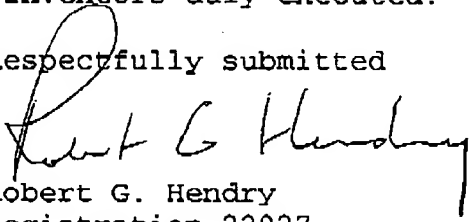
May 28, 2003

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
U.S.A.

Dear Sir:

Further to fax correspondence between the undersigned
and Examiner Noori, enclosed please find the Reissue
Application Declaration by the Assignee and the Reissue
Application Declaration by the Inventors duly executed.

Respectfully submitted



Robert G. Hendry
Registration 22927

RGH/at
SHAPIRO COHEN
P.O. Box 3440, Stn D
Ottawa, ON K1P 6P1

#5

PTO/SB/52 (02-01)
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 1004-75
<p>I hereby declare that</p> <p>My residence and mailing address and citizenship are stated below next to my name <u>Her Majesty in Right of Canada</u> I am authorized to act on behalf of the following assignee: <u>as represented by the Minister of Natural Resources</u> and the title of my position with said assignee is: <u>Director, Management Services Division</u> The entire title to the patent identified below is vested in said assignee.</p>		
Name of Patentee(s): <u>Her Majesty in Right of Canada as Represented by the Minister of Natural Resources</u>		
Patent Number 6,073,478	Date of Patent Issued June 13, 2000	
Title of Invention <u>HYDROGEN SENSOR USING A SOLID HYDROGEN ION CONDUCTING ELECTROLYTE</u>		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>HYDROGEN SENSOR USING A SOLID HYDROGEN ION CONDUCTING ELECTROLYTE</u></p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>November 28, 2001</u> as reissue application number <u>09 / 994,640</u> and was amended on <u>Nov 28, 2001 and Sept 30, 2002</u> (if applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows: <u>Claim 1 was unintentionally too narrow by specifying only platinum. The disclosure refers to a noble metal, and therefore claims 1, 12 and 13 have been amended to claim a catalytic noble metal.</u></p> <p>(Attach additional sheets, if needed.)</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE				Docket Number (Optional) 1004-75	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.					
Name(s)		Registration Number			
Robert A. Wilkes		28170			
Robert G. Hendry		22927			
Harold C. Baker		19333			
Correspondence Address: Direct all communications about the application to:					
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		→ Place Customer Number Bar Code Label Here	
OR					
<input checked="" type="checkbox"/> Firm or Individual Name		Shapiro Cohen			
Address		P.O. Box 3440			
Address		Station D			
City		Ottawa	State	ON	Zip K1P 6P1
Country		Canada			
Telephone		613 232 5300	Fax	613 232 9231	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of person signing (given name, family name) <i>Jennifer Hallington</i>					
Signature <i>Jennifer Hallington</i>			Date <i>2005/05/21</i>		
Address of Assignee 580 Booth Street, 16th Floor, Ottawa, Ontario, Canada, K1A 0E4					
Patentee Her Majesty in Right of Canada as Represented by the Minister of Natural Resources				Citizenship Canadian	
Residence/Mailing Address 580 Booth Street, 19th Floor, Ottawa, Ontario, Canada, K1A 0E4					
Patentee			Citizenship		
Residence/Mailing Address					
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.					

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
1004-75

As a below named inventor, I hereby declare that:
My residence, mailing address and citizenship are stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,073,478, granted June 13, 2000, and for which a reissue patent is sought on the invention entitled Hydrogen Sensor Using a Solid Hydrogen Ion Conducting Electrolyte
the specification of which

☐ is attached hereto.

☒ was filed on November 28, 2001 as reissue application number 09 / 994,640
and was amended on Nov 28, 2001 and Sept 30, 2002
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

Claim 1 was unintentionally too narrow by specifying only platinum. The disclosure refers to a noble metal, and therefore claims 1, 12 and 13 have been amended to claim a catalytic noble metal.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

1004-75

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Robert A. Wilkes	28170
Robert G. Hendry	22927
Harold C. Baker	19333

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen				
Address	P.O. Box 3440				
Address	Station D				
City	Ottawa	State	ON	Zip	K1P 6P1
Country	Canada				
Telephone	613 232 5300	Fax	613 232 9231		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Areekattuthazhayil, K. Kuriakose

Inventor's signature

A. K. Kuriakose

Date

May 23, 2003

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Citizenship

Canadian

Mailing Address

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Full name of second joint inventor (given name, family name)

Nicola Maffei

Inventor's signature

N. Maffei

Date

23 May 2003

Residence

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Citizenship

Canadian

Mailing Address

19 Inverness Avenue, Nepean, Ontario, Canada, K2E 6N6

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

(Page 2 of 2)